Wardround Non-Technical Skills for Surgery (WANTSS)

Structuring ward rounds, improving behaviour and optimising safety

Contents

What are Non-Technical Skills?

Non-technical skills are 'the cognitive, social and personal resource skills that complement technical skills and contribute to safe and efficient task performance' (Flin, O'Connor & Crichton, 2008). These skills include situation awareness, decision making, communication, teamwork, leadership, managing stress, and coping with fatigue (Flin, O'Connor & Crichton, 2008).

Why are Non-Technical Skills Important in Healthcare?

Non-technical skills have been shown to play a critical role in reducing the number of errors in a variety of industries, including healthcare (Flin, O'Connor & Crichton, 2008). It is important for healthcare providers to develop both their technical and non-technical skills in order to maximise performance and patient safety over time, and reduce the number of errors that may lead to adverse events.

Applying Non-Technical Skills to the Ward Round Environment

Research has shown that the international incidence rate of adverse events ranges from between 10-15% (Vincent, 2001). Half of these adverse events occur outside of the operating room, such as on the wards (Vincent, 2001). Although a taxonomy has been developed to help surgeons identify, teach and assess the non-technical skills required to support technical performance in the in the operating theatre (Yule et al. , there is minimal training available on non-technical skills for the ward-based environment. This booklet, therefore, aims to provide practitioners with training in non-technical skills specific to surgical ward rounds, by providing them with examples of good and poor behaviours which reflect these skills.
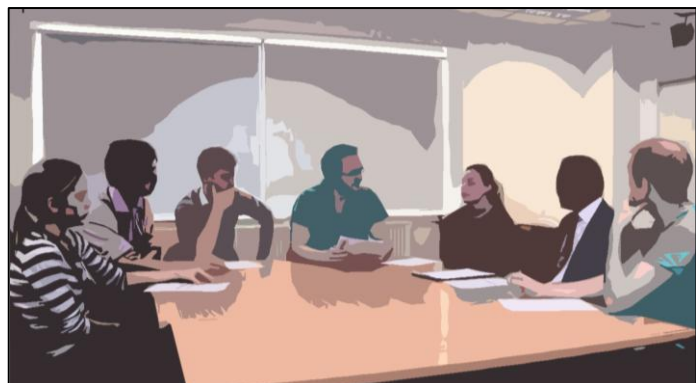
The WANTSS System

The Wardround Non-Technical Skills for Surgery system is separated into three different sections:

Section 1: *'Standards for Emergency Surgical Ward Rounds'* includes behaviours expected from **all** team members and are deemed to be essential in conducting an effective, efficient and safe ward round.
Section 2: *'Behaviours for the Team Leader'* includes examples of behaviours that are **only** expected from the team member leading the ward round (e.g. a consultant or surgical registrar).
Section 3: *'Behaviours for the Team'* includes examples of behaviours that are expected from all team members, including the team leader.

The key categories in this system are leadership, situation awareness, decision making, and communication and teamwork.

Table 1.0 The WANTSS System Categories, Elements and Definitions

Category	Definition
Leadership • *Setting and Maintaining Standards* • *Supporting Team and Others* • *Coping With Pressure*	1. Leading the team and providing direction 2. Demonstrating high standards of clinical practice and care 3. Being considerate about the needs of individual team members
Situation Awareness • *Gathering Information* • *Processing Information* • *Anticipating Future States*	Developing and maintaining a dynamic awareness of the situation by: 1. Assembling data from the environment 2. Understanding what they mean 3. Thinking ahead about what may happen next
Decision Making • *Considering Option* • *Selecting Options* • *Reviewing Decisions*	1. Assessing the situation 2. Reaching a judgement 3. Choosing an appropriate course of action
Communication and Teamwork • *Team Participation* • *Coordination of Activities* • *Shared Understanding*	1. Ensuring that the team has an acceptable shared picture of the situation 2. Completing tasks effectively

Standards for Surgical Ward Rounds

1. **Always** perform a briefing before and after the ward round.

2. **Always** introduce yourself to fellow team members.

3. **Only** begin the ward round when all relevant staff members are

   present, where possible.

4. **Always** adhere to accepted local guidelines and protocols.

5. **Always** maintain respectful behaviour towards staff and patients.

6. **Always** respect patient privacy.

7. **Always** speak up if concerned.

8. **Always** listen to patients when they are speaking.

9. **Always** discuss management options with patients, when

   appropriate.

10. **Always** clarify with patients that they understand their

    management plan.

BEHAVIOURS FOR THE TEAM

GOOD BEHAVIOURS	POOR BEHAVIOURS
LEADERSHIP: (Coping with Pressure, and Supporting Team)	
Recognises when other team members are stressed and offers to redistribute tasks accordingly Triages activities according to clinical priority Gives positive feedback to other team members on their performance	Does not challenge other members of the team who disregard issues of patient safety Suppresses concern over a clinical problem Fails to support other team members
SITUATION AWARENESS: (Gathering Information, Processing Information, Projecting Future States)	
Prepares all available documentation and results before the ward round Clarifies that all patient information is up-to-date and accurate Recognises severity of clinical condition based on the available information	Does not involve patient in history Fails to review past medical history and input from other specialties Does not correlate clinical signs with relevant information
DECISION MAKING: (Considering Options, Selecting Options, Reviewing Decisions)	
Participates in a balanced discussion of management options with team members Ensures all team members are in agreement about management plan Agrees contingency plan depending on new information	Does not highlight abnormal results Fails to consider all available management options Does not adopt contingency plan when needed
COMMUNICATION AND TEAMWORK: (Team Participation, Coordination of Activities, Shared Understanding)	
Engages and participates in the ward round Clarifies the roles and abilities of other team members Articulates concerns clearly to team members	Moves on to the next patient without checking whether all team members are ready Uses jargon and technical terminology when explaining management plans to patients Fails to provide transparency about delays or changes in the management plan

BEHAVIOURS FOR THE TEAM LEADER

GOOD BEHAVIOURS	POOR BEHAVIOURS
LEADERSHIP: (Coping with Pressure and Supporting Team)	
Encourages the surgical team to ask questions Recognizes when team members are stressed and attempts to support them Clearly identifies individual roles on the ward round	Ignores concerns from other team members Responds aggressively and irrationally to errors by team members Dismisses contributions from team members
SITUATION AWARENESS: (Gathering Information, Processing Information, Projecting Future States)	
Reviews all clinical information Reaches a differential diagnosis based on all information Anticipates clinical developments based on differential diagnosis	Ignores input from staff and patient Fails to check whether the differential diagnosis is supported by available investigations Does not formulate management plan based on relevant clinical findings
DECISION MAKING: (Considering Options, Selecting Options, Reviewing Decisions)	
Assesses management options based on most likely diagnosis Decides on a management plan based on potential risks and benefits Adopts contingency plan in case of deterioration	Fails to reach a clear management plan Fails to take into account the risks and benefits of the management plan Does not reconsider the patient management plan when faced with new information
COMMUNICATION AND TEAMWORKING: (Team Participation, Coordination of Activities, Shared Understanding)	
Checks that all team members are in agreement about management plan Communicates prioritisation clearly to relevant team members (including theatre staff) Informs patients about when they will next be reviewed	Does not provide clear justifications as to why investigations are indicated Delegates a disproportionate workload to certain team members Performs clinical assessment without involvement of team members

Key References

Flin, R. H., O'Connor, P., & Crichton, M. (2008). *Safety at the sharp end: a guide to non-technical skills*. Ashgate Publishing, Ltd.

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Acknowledgements

The Development Team

Professor Rhona Flin
Industrial Psychology Research Centre
University of Aberdeen AB24 3UB
r.flin@abdn.ac.uk

Dr Nikki Maran
Department of Anaesthesia
The Royal Infirmary of Edinburgh
51 Little France Crescent, Edinburgh
EH16 4SA
n.maran@nhs.net

Ms Kara Murray
The Royal College of Surgeons of Edinburgh
Nicolson Street, Edinburgh EH8 9DW
karamurray578@gmail.com

Mr Simon Paterson-Brown
Department of Surgery
The Royal Infirmary of Edinburgh
51 Little France Crescent, Edinburgh
EH16 4SA
simon.paterson-brown@nhslothian.scot.nhs.uk

Dr Klaas Schuur
The Royal College of Surgeons of Edinburgh
Nicolson Street, Edinburgh EH8 9DW
klaas.schuur@gmail.com

<u>Contact for further information</u>

Any requests for further information can be emailed to Klaas Schuur at klaas.schuur@gmail.com.